

141 hardly sufficient to admit of the inference, which might be drawn from the passage just quoted, and on which the incorrect theory might be based, as to their being of mixed descent. I would add that I observed, like Dr. Brander, that these differences are more noticeable among the males than among the females of the population.

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847 **Crosses.**—1. In a footnote to his interesting paper on the Andamanese, Dr. Day mentions that "some have entirely smooth hair," and he suggests the probability of a portion of the race being of African origin or of mixed African descent.

2. With the exception of three children of mixed parentage,¹ none of whom survived more than seven or eight years, no examples are known of the existence of a cross-breed among these tribes; and, as none but these three children have been known to have had other than the frizzly hair which is one of the distinctive characteristics of the race, I have no doubt that Dr. Day either observed or was informed of, the peculiarity occurring in their case, and his remarks must, therefore, be taken as applying only to them.

3. Not only would it have been impossible for us to have continued so long in ignorance of the existence of any individuals of this race who differed so widely from their fellow countrymen as to have smooth hair, but additional evidence is afforded by the denial of the Andamanese to every inquiry instituted on this point.

4. Another statement has been published which is also calculated to mislead; it is as follows:—"I agree with Mr. F. Day that the chief of Rutland Island is probably a native of India."² The chief here referred to, by name *maia bēla*, but generally called by us *mūnshī bēla*³ (*vide* Plate II, fig. 2), was one of the best known, as he certainly was the most useful of all our aboriginal acquaintances. He was not only a thorough, though superior, specimen of the race, but his parents were so well known to be of pure Andamanese blood that his intimates were surprised to learn that a doubt regarding the purity of his descent should even for a moment have been entertained, and certainly I, and others who have for many years been associated with the man and his friends, see no grounds for regarding their statements on this point with the least suspicion.

5. Judging from the exceptional cases above mentioned of a cross breed occurring among them, it seems improbable that the existence of a mixed race in their midst would be tolerated, for all three of the children met their death by violence or neglect,

¹ Hindoo fathers and Andamanese mothers.

² Dr. Dobson.

³ He died of measles in April, 1877.

not at the hands of their mothers, but of the male members of the tribe.

Reproduction.—1. Marriages never take place till both parties have attained maturity, and generally not till a few years later; the usual age of the bridegroom varies from 18 to 22, and of the bride from 16 to 20. The result of inquiries tends to show that there is a slight predominance of female over male births; three or four is the average number of children born of the same parents. The largest family known consisted of six, three only of whom attained maturity.¹

2. Twins are rare, and as no instance can be recalled of both surviving infancy, notwithstanding all possible care being bestowed on them, they are not favourably regarded. No case of triplets has been known to occur. Births out of wedlock are considered discreditable, and in the one known instance of the kind, the parents were married immediately after the event; no difference was made in the treatment which the child received.²

3. The limited fecundity of the women may in some measure be due to the circumstance that they never wean their babies, so long as they are able to suckle them, and it not unfrequently happens that the two youngest children are seen together at their mother's breast.³

4. The ill success in rearing their offspring is doubtless owing in most part to the injudicious management and petting which each of the mother's friends considers right to bestow on the infant. It is looked upon as a compliment for every woman who may be nursing, to relieve the mother of this duty at frequent intervals; it is, therefore, no matter of surprise that the little one ails and dies.

5. The proportion of deaths from violence and accident, is believed to amount to four or five per cent.

6. Barrenness is rare, as are also cases of stillborn children. No drugs or other contrivances are employed in order to increase or limit reproduction.

Abnormalities.—1. Excessive development of fat about the gluteal region is frequently observable among the adult women.

¹ It is said that more children are born during the rains than at any other season of the year.

² *Cf. post* "Marriage," paragraph 4.

³ On this subject Dr. Brander remarks as follows:—

"They mostly possess considerable mammary development, and the glands in many cases seem to be in a chronic state of functional activity. This may be due to the late period to which they suckle their young (even to three or four years), or to another purpose to which the milk is applied. . . . (*vide post*, "Shaving.") [As will be seen from Plate II, fig. 1, the mammae are pyriform rather than spherical: with the advance of years they become flaccid and elongated.]

arises from no want of consideration for the weaker vessel, but simply because, if unnecessarily encumbered, the men would be unable to shoot or pursue any animal which might cross their path. 462
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7. Such training as the children receive is undertaken by their parents or guardians; in the case of boys it consists merely in providing them with miniature weapons suitable to their age, and instructing them in their use: as they advance in years they accompany the men in their hunting and fishing expeditions, and, being by nature intelligent and emulous, they speedily acquire sufficient skill to enable them to afford material assistance to their elders. 868

8. The girls, similarly, are taught by their mothers, or other female guardians, how to fulfil the various duties which are regarded as essentially pertaining to their sex, and which I have described in the foregoing.

9. It seems hardly necessary to add that the unnatural custom of infanticide is unknown to the Andamanese, and though the mortality among infants is excessive,¹ it is traceable to no want of affection, but to the injudicious treatment and lavish attentions bestowed upon the little ones by their ignorant though well-intentioned elders.² 847

10. For the better security of their babies, when travelling, women are in the habit of hanging round their necks a string the ends of which have been previously fastened to the infant's wrists; the child being then placed in a *chip*,³ cannot by any accident meet with a serious fall. 854

Attire.—1. Madame de Staël speaks of certain children being "*vêtu du climat*:" the same expressive remark may be applied to the Andamanese, for no clothing, as we understand the word, is worn by either sex; there are, however, certain so-called ornamental circlets, garters, bracelets, cinctures, and necklaces of bones,⁴ wood, or shell, which are its substitute⁵ and serve to 291

¹ The birth of a girl is usually as gratifying to the parents as that of a boy.

² *Vide ante* "Reproduction," paragraph 4.

³ Dr. Day has correctly stated that "men and women seem equally fond of carrying the babies about; all pet them; when they cry for anything, they give it; and over-kindness early consigns the little one to the grave."

⁴ *Vide* Appendix B, item 24.

⁵ [As far as we at present know, the *jārawa* do not wear necklaces of bone, or the skulls of their deceased relatives.] The males of this tribe wear round their heads, waists, knees, and arms, fringes of string attached to a cord or cane, which are called by the *lō-jig-ngi-jit*, *lō-ria* (*vide* Plate IX, figs. 13, 13a, 13b).

⁶ The relatives of a deceased person will commonly wear such of the ornaments as are in good condition, "in memoriam;" this is not, however, a distinguishing peculiarity, or one confined to savages.

common in the Andamans, said by RADCLIFFE-BROWN (p. 273) to be eaten by the Andaman Islanders as a protection against rheumatism, is never killed. For some superstitious reason the Onge are simply horrified at the thought of touching such an enormous flying bat. Among the fruits, those of a plant whose wood has such a revolting smell that it is known, in English, as "stool-tree", are believed to have exceptional protective properties for the human body. The fruits themselves smell even worse than the wood, but this, to the Onge, makes them appetizing rather than disgusting. Concerning honey, and the many sugary fruits of the jungle that are available all the year round, the Onge luckily ignore the simple method of distilling alcohol. No intoxicating drink reaches Little Andaman from the outer world, whereas in Great Andaman alcohol, together with imported syphilis, was one of the main causes of depopulation. No syphilis appears as yet to have reached Little Andaman. This is also confirmed by the research carried out by Dr. HERMANN LEHMANN of London's St. Bartholomew's Hospital, during February 1953 in my Onge camp in Labanare (north-east coast of Little Andaman).

II. Effects on the People's Lives

The islanders die young, specially the men. The majority of them succumb before reaching the age of 20; most of the survivors die between 20 and 40; the rest - with a very few exceptions - before 50. Women, after marriage, follow a similar pattern: the death rate among women, however, is slightly different owing to a less corrosive sexual life. Some women may live to the age of sixty, but both sexes age soon, appearing older than their years when still in their twenties. The short Onge span of life recalls conditions which apparently prevailed among prehistoric and protohistoric men. Palaeolithic man died at an earlier age than modern man. The Onge today, in many respects, behaves as palaeolithic man behaved countless centuries ago. - Infant mortality is high: the first five days of life are the most critical for the Onge, owing, in part, to the hard life led by mothers even during pregnancy, which often causes functional damage to the placenta. Delivery is generally easy and traumatic injury rarely occurs; but premature births are common, and so are malformations and other anomalies. Imperfect infants are quickly eliminated by their parents. As a result, only a small number of children are allowed to grow up, but these appear normal. There are no blind and no deaf-and-dumb people in Little Andaman. I saw only two instances of incipient lameness: in an unmarried boy of about twenty and in a young married woman. Only robust infants can survive.

The Onge, so careful about their food, are completely indifferent to something else that is considered very harmful in continental and insular regions close to the Andamans. There, menstruating women are often segregated and considered harmful to the entire community. Not so in Little Andaman, where the remedies applied in the circumstance are extremely primitive (cf. supra) and could probably be traced to palaeolithic man. I saw nothing

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the finger-tips and almost pink, with pale chocolate moons and yellowish-brown palms and soles. In the adults the nails and soles of the feet remain pale, the palms being a little darker. The head, and the visible buccal and nasal epithelia, were almost black, and the gums were pink, as was the inside of the lips, with dark petechiae, in adults very noticeable, at the base of the teeth and over the tongue and palate. The cheeks, however, were a reddish-brown, although the whole skin was already showing signs of darkening after twelve hours. Nasal cartilage was minimal, but that of the ears well-developed. The darkest area of skin were the forehead, eye sockets, lids, nipples and genitalia. 142

In general, therefore, the infant's skin was very slightly lighter than that of the adults, though before I could be sure of this I had to wash off the thick layer of ochre which is smeared over the unwashed infants immediately after birth. As the infants are extremely carefully protected from the sun by 'umbrella' hats made of lobed palm leaves, the darkening, which is complete by the end of the first year, is clearly biological and is not effected by tanning. As, however, the Onges interchange or 'adopt' children freely, it was impossible to carry out any proper colorimetric observations. [844] [302] [854] [751] [597]

I saw no albinos in the Onges, usually fairly common in dark-skinned peoples. I saw several in Africa, with apparently normal parents. Some African peoples destroy albinos at birth as they do those with deformities, and the Andamanese may do the same, as I saw little congenital deformity (see, however, p. 46). Fear of being held responsible for disasters which befall the group carries great weight, and it is possible that the two cases of abnormality which I did see did not manifest symptoms at birth. Twins, however, are clearly (and gladly) accepted, so eager are the Onges to have children. 143 [826] [849] [626] [845] [842]

It was already clear in the infant that it would have the somatic characteristics common to all Negritos as regards the proportions of the body, the form and dimensions of the head, absence of prognathism, comparatively fine lips, nose and ears, black skin, and woolly hair, and would be well below 1.5 metres in height when fully grown. Above all, the Andamanese have a large forehead, very wide-angled jaw and large mouths, with the upper lips not invariably full, as in Negroes. Many Onges, in fact, have fine features, 142